Effective October 1, 2001

Application or Docket Number

10005901

CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS 7			1,50,50,00	. 1	, 55,01			RATE	FEE	r	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		-	ASIC FEE	370.00	OR	BASIC FEE	740.00
то	TAL CHARGEA	BLE CLAIMS	f minus 20=		*			X\$ 9=	-	OR	X\$18=	
INDEPENDENT CLAIMS 2			minus 3 =		*			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT					<u></u>			+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in					r "0" in c	olumn 2	<u> </u>	TOTAL	370-	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							S	i SMALL E		OR	OTHER SMALL I	
	. I is in the contract of the	(Column 1) CLAIMS			mn 2) HEST	(Column 3)	r		ADDI-) 		ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	T CLAIM	=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF W	OLTIPLE DEP	ENDEN	CLANIVI			+140=		OR	+280=	**
	•							TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
•		(Column 1)		(Colu	ımn 2)	(Column 3)	AU	, DII. FEE		· ·		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIG NUM PREV	HEST MBER MOUSLY OFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T CL AINA	=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
							AD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		•										
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NU! PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X42=		OR	X84=	
IĽ	FIRST PRESENTATION OF MULTIPLE DEPEND				IT CLAIN		╽┝					
+ If the entry in column 1 is loss than the entry in column 2, write "O" in column 2								+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
l	The "I lish and Nor	ahar Provincely D	oid Ear" /Total o	r Indonos	dont) is th	a highaet numbe	er found	d in the an	propriate bo	x in co	ilumn 1	